

## TRANSCRIPT ORDER

**DUE DATE:**

Please Read Instructions:

1. NAME Austin H. Krist		2. PHONE NUMBER (737) 900-7107		3. DATE 2/24/2025	
4. DELIVERY ADDRESS OR EMAIL 303 Camp Craft Rd Suite 325		5. CITY Austin		6. STATE TX	7. ZIP CODE 78746
8. CASE NUMBER 5:20-ap-5027-rbk		9. JUDGE Ronald B. King		DATES OF PROCEEDINGS	
				10. FROM 11/2/2023	11. TO 11/2/2023
12. CASE NAME KrisJenn Ranch LLC et al. v. DMA Properties et al.		LOCATION OF PROCEEDINGS			
		13. CITY San Antonio		14. STATE TX	
15. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input checked="" type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS		DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/>	VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/>	OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/>	OPENING STATEMENT (Defendant)			
<input type="checkbox"/>	CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/>	CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/>	OPINION OF COURT			
<input type="checkbox"/>	JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/>	SENTENCING		Hr'g re: Various Mots. [319]	11/02/23
<input type="checkbox"/>	BAIL HEARING			

## 17. ORDER


CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
2-Hour	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges  
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE 	PROCESSED BY
19. DATE 02/24/ <del>2024</del> 2025	PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS
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ORDER RECEIVED	DATE	BY		
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

**DISTRIBUTION:** COURT COPY      TRANSCRIPTION COPY      ORDER RECEIPT      ORDER COPY